

# STATE OF SOUTH DAKOTA RELEASE AND WAIVER

## Employment Reference Release

Employee's Name (Please Print):

Employee's Social Security Number:

I acknowledge that I have been informed that it is the State of South Dakota's general policy to disclose in response to a prospective employer's written request only the following information about current or former employees: (1) the dates of employment; (2) job title/classification, and (3) salary information.

By signing this release, I am voluntarily requesting that the State of South Dakota depart from this general policy in responding to reference requests from any prospective employer that may be considering me for employment. I authorize the State of South Dakota to disclose to such prospective employers any job performance information, including my reason(s) for leaving.

In exchange for the State of South Dakota's agreement to depart from its general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge the State of South Dakota employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the State of South Dakota's disclosure of employment-related information to prospective employers. This release includes, but is not limited to claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provision of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between the State of South Dakota and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 60 days from the date of my signature.

Signature \_\_\_\_\_

Date \_\_\_\_\_